

Blood-Stream Infection (CDC)

From: labowecrni@aol.com
Sent: Wednesday, December 02, 2009 6:44 PM
To: Blood-Stream Infection (CDC)
Subject: Comments on Draft Guidelines for Prevention of Intravascular-related BSI

I request that the verbiage on lines 506 and 511 be corrected to reflect that the data referenced refers to a chlorhexidine-impregnated *sponge* dressing. This is the terminology used throughout the rest of the document, and accurately reflects the dressing to which all the referenced research refers. The use of Chlorhexidine-impregnated dressing, without the clarification of including the word “sponge”, can lead to misinterpretation and extrapolation of the evidence by some to suggest that products as yet unproven to reduce infection are being recommended.

I feel that the recommendation for the use of a Chlorhexidine-impregnated sponge dressing should be elevated to a category 1A. Since the publication of the CDC referenced Ruschulte 601 patient study and the Timsit 1600+ patient study, there is now a sufficient quantity of evidence to yield a significant summarized OR of 0.53 (95% CI 0.43–0.64) for the outcome of CRBSI reduction and therefore would be supportive of the CDC draft definition of a Category 1A. (Strongly recommended for implementation and strongly supported by well designed experimental, clinical or epidemiologic studies). As the CDC recommendations include 2% CHG for routine skin antisepsis during insertion and dressing changes (line 426: Category 1A), and transparent dressings for up to 7 days of wear time (line 472: Category 1B), it would be prudent to include the CHG-impregnated sponge dressing. A single application of 2% CHG for skin antisepsis has only been shown to demonstrate antimicrobial effectiveness for up to 48 hours, and skin flora can repopulate the skin surface within 24 hours. This leaves 5 – 6 days between dressings in which the patient could have extraluminal colonization, and puts the patient at risk of BSI. The CHG-impregnated sponge dressing protects the area around the catheter from colonization and migration of pathogens.

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